BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the Accusation Against:)	
JAMES SETH WEINTRAUB, M.D.	File No. 800-2014-002621
Physician's and Surgeon's Certificate No. G 40636	
Respondent)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on <u>January 12, 2018</u>.

IT IS SO ORDERED <u>December 15, 2017</u>.

MEDICAL BOARD OF CALIFORNIA

Bv:

Kristina D. Lawson, J.D., Chair

Panel B

1	XAVIER BECERRA	
2	Attorney General of California E. A. JONES III	
3	Supervising Deputy Attorney General BENETH A. BROWNE	
4	Deputy Attorney General State Bar No. 202679	
	California Department of Justice	
5	300 So. Spring Street, Suite 1702 Los Angeles, CA 90013	
6	Telephone: (213) 897-7816 Facsimile: (213) 897-9395	
7	Attorneys for Complainant	_
8.	BEFORE T	
9	MEDICAL BOARD OF DEPARTMENT OF CON STATE OF CAL	SUMER AFFAIRS
10		
11	In the Matter of the Accusation Against: Ca	se No. 800-2014-002621
12		AH No. 2017061130
13	II	IPULATED SETTLEMENT AND
14	Physician's and Surgeon's Certificate No. G	SCIPLINARY ORDER
15	40636,	
16	Respondent.	
17		
18	IT IS HEREBY STIPULATED AND AGREE	D by and between the parties to the above-
19	entitled proceedings that the following matters are tr	ue:
20	PARTIE	<u>S</u>
21	1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board	
22	of California (Board). She brought this action solely in her official capacity and is represented in	
23	this matter by Xavier Becerra, Attorney General of the State of California, by Beneth A. Browne	
24	Deputy Attorney General.	
25	2. Respondent James Seth Weintraub, M.D. (Respondent) is represented in this	
26	proceeding by attorney Peter R. Osinoff, Esq., whose address is: 355 South Grand Avenue, Suite	
27	1750, Los Angeles, California 90071.	
28	3. On or about August 20, 1979, the Board	issued Physician's and Surgeon's Certificate
	II	·

No. G 40636 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-002621, and will expire on August 31, 2019, unless renewed.

JURISDICTION

- 4. Accusation No. 800-2014-002621 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 30, 2016. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 800-2014-002621 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

- 6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-002621. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

- 9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2014-002621, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.
 - 10. For the purpose of resolving the Accusation without the expense and uncertainty of

further proceedings, Respondent agrees that, at a hearing, Complainant could establish a *prima* facie case for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CIRCUMSTANCES IN MITIGATION

12. Respondent has never been the subject of any disciplinary action in his 38 years as a licensee. He is admitting responsibility at an early stage in the proceedings.

CONTINGENCY

- 13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.
- 14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.
- 15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 40636 issued

to Respondent shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Accusation No. 800-2014-002621, is as follows:

"Your documentation of patient information, observations, informed consent and procedures performed in two office progress notes in 2012 and 2013 for patient W.M. was inadequate, in violation of California Business and Professions Code sections 2234 and 2266."

IT IS FURTHER ORDERED that Respondent shall comply with the following conditions:

- 1. <u>EDUCATION COURSE</u>. Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 20 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Within one year of the effective date of this order, Respondent shall provide proof of attendance for 20 hours of CME in satisfaction of this condition.
- 2. <u>MEDICAL RECORD KEEPING COURSE</u>. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the

1	Accusation, but prof to the effective date of the Decision may, in the sole discretion of the Deale				
2	or its designee, be accepted towards the fulfillment of this condition if the course would have				
3	been approved by the Board or its designee had the course been taken after the effective date of				
4	this Decision.				
5	Respondent shall submit a certification of successful completion to the Board or its				
6	designee not later than 15 calendar days after successfully completing the course, or not later than				
7	15 calendar days after the effective date of the Decision, whichever is later.				
8	3. Any material failure to comply with conditions 1 and 2 set forth above shall constitute				
9	unprofessional conduct.				
10	<u>ACCEPTANCE</u>				
u	I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully				
12	discussed it with my attorney, Peter R. Osinoff, Esq. I understand the stipulation and the effect it				
13	will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and				
14	Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the				
15	Decision and Order of the Medical Board of California.				
16					
17	DATED: 13/10/17 JAMES SETH WEINTRAUB, M.D.				
18	JAMES SETH WEINTRAUB, M.D. Respondent				
19					
20	I have read and fully discussed with Respondent JAMES SETH WEINTRAUB, M.D. the				
21.	terms and conditions and other matters contained in the above Stipulated Settlement and				
22	Disciplinary Order. I approve its form and content.				
23	Tin Petro Dorugh				
24	DATED: 10-11-17 M/M				
25	ATTER R. OSINOFF, ESQ. Attorney for Respondent				
26	111 Edward Flell, Esq.				
27	111				
28	///				
	5				
	n				

STIPULATED SETTLEMENT (800-2014-002621)

LA2016503657

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: October , 2017

Respectfully submitted,

XAVIER BECERRA Attorney General of California

Supervising Deputy Attorney General

Deputy Attorney General Attorneys for Complainant

Exhibit A

Accusation No. 800-2014-002621

1	Kamala D. Harris		
2	Attorney General of California E. A. JONES III	FILED /STATE OF CALIFORNIA	
3	Supervising Deputy Attorney General BENETH A. BROWNE	MEDICAL BOARD OF CALIFORNIA	
4	Deputy Attorney General State Bar No. 202679	SACRAMENTO DEC 30 20 16 BY WIND ANALYST	
5	California Department of Justice 300 So. Spring Street, Suite 1702	•	
6	Los Angeles, CA 90013 Telephone: (213) 897-7816		
7	Facsimile: (213) 897-9395 Attorneys for Complainant		
8	BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA		
9			
10	STATE OF		
11	In the Matter of the Accusation Against:	Case No. 800-2014-002621	
12	James Seth Weintraub, M.D.	ACCUSATION	
13	1633 Erringer Road, #201 Simi Valley, CA 93065		
14	Physician's and Surgeon's Certificate No. G 40636,		
15	Respondent		
16	Respondent		
17			
18	Complainant alleges:		
19	<u>PA</u>	RTIES	
20	1. Kimberly Kirchmeyer (Complainar	nt) brings this Accusation solely in her official	
21	capacity as the Executive Director of the Medical Board of California, Department of Consumer		
22	Affairs (Board).		
23	2. On or about August 20, 1979, the Medical Board issued Physician's and Surgeon's		
24	Certificate Number G 40636 to James Seth Weintraub, M.D. (Respondent). The Physician's and		
25	Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein		
26	and will expire on August 31, 2017, unless renewed.		
27	JURISDICTION		
28	3. This Accusation is brought before	the Board, under the authority of the following	

laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2229 of the Code states, in subdivision (a):

"Protection of the public shall be the highest priority for the Division of Medical Quality,[1] the California Board of Podiatric Medicine, and administrative law judges of the Medical Quality Hearing Panel in exercising their disciplinary authority."

- 5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.
 - 6. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

- "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
 - "(b) Gross negligence.
- "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
- "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
- "(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the

¹ Pursuant to Business and Professions Code section 2002, the "Division of Medical Ouality" or "Division" shall be deemed to refer to the Medical Board of California.

7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

- 8. Respondent is subject to disciplinary action under section 2234, subdivision (b), in that he committed gross negligence in the care and treatment of a patient. The circumstances are as follows:
- 9. On or about September 20, 2012, patient W.M., a 52-year-old female, presented for her first office visit with Respondent, a dermatologist. Respondent documented the patient's subjective complaints with two words, "mole" and "acne." Respondent failed to document how long patient W.M. had the mole, whether it was symptomatic, whether she noticed any changes over time or other relevant factors. Respondent failed to document whether the patient had any personal or family history of skin cancers like melanoma.
- 10. Respondent documented the physical examination of the nevus and that patient W.M. had a negative skin cancer screening. Respondent documented that a "shave" was performed, meaning a shave biopsy. Respondent failed to document with a procedure note or an operative report pertaining to the biopsy. Likewise, he failed to document the consent process or include a consent form in the record. Respondent also failed to document past medical history, past surgical history, relevant family history, medications, allergies or sensitivities.
- 11. Regarding acne, Respondent documented papules on the face on the physical examination. He documented prescribing Monodox and fruit acids. Respondent failed to document the history of patient W.M.'s acne, location of the acne, duration of the acne, previous treatments of acne or response to previous treatments.
- 12. On or about September 21, 2012, Respondent performed an initial pathology reading of the specimen from the shave biopsy and identified melanoma in situ.

- 13. On or about September 28, 2012, a confirmatory consultation was performed by another doctor who confirmed the diagnosis of melanoma in situ and requested special stains to address invasion.
- 14. On or about September 28, 2012, someone from Respondent's office telephoned patient W.M. and advised her that the biopsy was okay. In fact, the pathology report was not finalized yet because special stains were pending and patient W.M. would actually later require excisional removal with appropriate margins.
- 15. On or about March 5, 2013, it appears that Respondent became aware of the miscommunication and patient W.M. was called and advised to return to the office for additional treatment. Apparently she did not respond.
- 16. On or about April 30, 2013, patient W.M. was sent a certified letter which advised her that additional treatment was necessary.
- 17. On or about May 3, 2013, patient W.M. presented for an appointment with Respondent. Respondent documented patient W.M.'s chief complaint as "spot." Respondent documented a review of systems, describing a 3 mm pink macule on the right thigh and red macules on the chest. He documented diagnoses as melanoma in situ and actinic keratosis. He also documented prescribing a topical medication. Respondent performed an incision for the melanoma in situ but failed to document the procedure in an operative report and include: an explanation of what had taken place; the location of the lesion that was excised; the indication for the excision; the skin preparation with antiseptics; the type and amount of anesthetics used; the size of the lesion excised; the margins surrounding the lesion; the size of the defect following excision; the repair type; the types of deep and superficial sutures used; the length of the wound repair at the end of the procedure; the immediate postoperative care; the condition of the patient upon discharge; and, the fact that the specimen was sent for pathology.
- 18. Likewise, Respondent failed to document the informed consent process. Respondent failed to document any conversation with the patient pertaining to consent. Likewise, no written consent form was found in the record containing the name and signature of the patient; the name of the clinic; the name of the procedure performed; name of the practitioner performing the

procedure; the risks of the procedure; the benefits of the procedure; alternative treatments and their associated risks; the date and time consent was obtained; a statement that the procedure(s) was explained to the patient; and, the name and signature of the person who explained the procedure to the patient or guardian.

19. Respondent was grossly negligent in his care and treatment of patient W.M. when he consistently failed to provide appropriate documentation of her visits and procedures performed upon her, as follows.

Visit and Procedure on September 20, 2012

- (a) Respondent failed to document necessary information in the medical record of patient W.M. regarding her visit and the procedure performed on her on September 20, 2012, including:
 - (1) how long patient W.M. had the mole; whether the mole was symptomatic; whether patient W.M. noticed any changes over time or other relevant factors; whether patient W.M. had any personal or family history of skin cancers like melanoma;
 - (2) specifics of the biopsy on a procedure note or operative report; the consent process either in writing or on a consent form;
 - (3) past medical history; past surgical history; relevant family history; medications; allergies or sensitivities; and,
 - (4) the history of patient W.M.'s acne; its location; its duration; previous treatments for acne or patient W.M.'s response to previous treatments.

Visit and Procedure on May 3, 2013

- (b) Respondent failed to document necessary information in the medical record of patient W.M. regarding her visit and the procedure performed on her on May 3, 2013, including:
 - (1) documentation of the informed consent process, including a description of any conversation with patient W.M. pertaining to consent or any written consent form containing: the name and signature of the patient; the name of the clinic; the name of the procedure performed; the name of the practitioner performing the procedure; the risks of the procedure; the benefits of the procedure; alternative treatments and their

associated risks; the date and time consent was obtained; a statement that the procedure(s) was explained to the patient; and, the name and signature of the person who explained the procedure to the patient or guardian; and,

(2) documentation necessary in an operative report including: an explanation of what had taken place; the location of the lesion that was excised; the indication for the excision; the skin preparation with antiseptics; the type and amount of anesthetics used; the size of the lesion excised; the margins surrounding the lesion; the size of the defect following excision; the repair type; the types of deep and superficial sutures used; the length of the wound repair at the end of the procedure; the immediate postoperative care; the condition of the patient upon discharge; and, the fact that the specimen was sent for pathology.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

- 20. Respondent is subject to disciplinary action under section 2234, subdivision (c), in that he committed repeated negligence in the care and treatment of a patient. The circumstances are as follows:
- 21. The facts and circumstances alleged in the paragraphs 9 through 18 are incorporated here as if fully set forth.
- 22. Respondent was negligent in his care and treatment of patient W.M. when he failed to act in a timely manner on a biopsy report which identified a melanoma.
- 23. Respondent was repeatedly negligent in his care and treatment of patient W.M. when he failed to provide appropriate documentation of her visits and procedures performed upon her, as follows.

Visit and Procedure on September 20, 2012

- (a) Respondent failed to document necessary information in the medical record of patient W.M. regarding her visit and the procedure performed on her on September 20, 2012, including:
 - (1) how long patient W.M. had the mole; whether the mole was symptomatic; whether patient W.M. noticed any changes over time or other relevant factors;

whether patient W.M. had any personal or family history of skin cancers like melanoma:

- (2) specifics of the biopsy on a procedure note or operative report; the consent process either in writing or on a consent form;
- (3) past medical history; past surgical history; relevant family history; medications; allergies or sensitivities; and,
- (4) the history of patient W.M.'s acne; its location; its duration; previous treatments for acne or patient W.M.'s response to previous treatments.

Visit and Procedure on May 3, 2013

- (b) Respondent failed to document necessary information in the medical record of patient W.M. regarding her visit and the procedure performed on her on May 3, 2013, including:
 - (1) documentation of the informed consent process, including a description of any conversation with patient W.M. pertaining to consent or any written consent form containing: the name and signature of the patient; the name of the clinic; the name of the procedure performed; the name of the practitioner performing the procedure; the risks of the procedure; the benefits of the procedure; alternative treatments and their associated risks; the date and time consent was obtained; a statement that the procedure(s) was explained to the patient; and, the name and signature of the person who explained the procedure to the patient or guardian; and,
 - (2) documentation necessary in an operative report including: an explanation of what had taken place; the location of the lesion that was excised; the indication for the excision; the skin preparation with antiseptics; the type and amount of anesthetics used; the size of the lesion excised; the margins surrounding the lesion; the size of the defect following excision; the repair type; the types of deep and superficial sutures used; the length of the wound repair at the end of the procedure; the immediate postoperative care; the condition of the patient upon discharge; and, the fact that the specimen was sent for pathology.

THIRD CAUSE FOR DISCIPLINE (Failure to Maintain Adequate Medical Records) 2 Respondent is subject to disciplinary action under section 2266 of the Code in that he 3 failed to maintain adequate and accurate records of the services he provided to a patient. The facts and circumstances alleged in the First and Second Causes for Discipline are 25. 5 incorporated here as if fully set forth. 6 PRAYER 7 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, 8 and that following the hearing, the Medical Board of California issue a decision: 9 Revoking or suspending Physician's and Surgeon's Certificate Number G 40636, 10 issued to James Seth Weintraub, M.D.; 11 Revoking, suspending or denying approval of James Seth Weintraub, M.D.'s authority 2. 12 to supervise physician assistants, pursuant to section 3527 of the Code; 13 Ordering James Seth Weintraub, M.D., if placed on probation, to pay the Board the 3. 14 15 costs of probation monitoring; and Taking such other and further action as deemed necessary and proper. 16 17 18 DATED: December 30. 2016 19 Executive Director Medical Board of California 20 Department of Consumer Affairs State of California 21 Complainant 22 LA2016503657 23 62198987 24 25 26 27.

28